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News Release

Telepsychiatry Initiative in Rural Emergency Rooms Improves Care for Patients, Safety for Staff
The Telepsychiatry Initiative is a Collaboration between
Texas Tech University Health Sciences Center, Rural Hospital Nonprofit

Texas faces a shortage of mental health care providers, especially in rural areas. With nearly one in five adults living with a mental illness, rural hospital emergency rooms are the primary place where mental health patients are taken. For someone experiencing an acute psychotic event, the emergency room in a rural hospital is not the best environment.

The Telepsychiatry Initiative, a Texas Tech University Health Sciences Center (TTUHSC) collaborative, was developed to ensure patients receive the care they need by the people who care for them. The initiative links psychiatrists and other behavioral health providers via telemedicine to rural hospital emergency rooms and departments across Texas.

"Many times, patients with psychiatric illness don't have the primary care they need, or they don't have local psychiatrists," Cynthia Jumper, M.D., MPH, TTUHSC executive vice president for Health Policy and Strategic Initiatives, said. "The only choices are either taking them to the emergency room if they're in a crisis, or unfortunately, calling the police because they may or may not be violent or acting in a bizarre manner, and then they're taken to jail. In rural hospitals, if a patient is in crisis and doesn't have access to a psychiatrist, they usually have to stay in the emergency room under guard for two or three days hoping that the crisis will disappear."

Through the TTUHSC Division of Strategic Initiatives, Jumper hired a team of psychiatrists and began working with the Texas Organization of Rural and Community Hospitals (TORCH), a nonprofit which addresses the needs of rural community hospitals. The collaboration started with two hospitals in April 2024: The smallest TORCH hospital, Knox County Hospital, in Knox City, and the largest, Titus Regional Medical Center (TRMC), located in Mount Pleasant.

TRMC serves a population of about 82,000 people across five counties. Mount Pleasant, located in the rolling hills of northeast Texas, is surrounded by several lakes, parks and forests and is closer to Louisiana, Oklahoma and Arkansas than it is to Dallas. It is the county seat and largest city in Titus County.

TRMC is the last remaining independent hospital in northeast Texas.

"Titus has seen four hospitals close within 45 miles of us in the last 10 years," Terry Scoggin, chief executive officer of TRMC, said. "We know the impact of a hospital closure on a rural community; it's

devastating. We also know the impact of behavioral health on rural communities. It is one of the largest issues that we've been dealing with over the last decade — the increase in behavioral health patients coming to our emergency department and being boarded in our emergency department."

Before the Telepsychiatry Initiative, patients didn't receive a psychiatric evaluation by psychiatrists. Kathy Griffis, chief nursing officer at TRMC, compared it to having a heart attack and not being seen by a cardiologist.

"I know that sounds severe, but it's true," Griffis added. "Many times, they did not get to start the medications they needed to be on because those are difficult medications to understand if you're not an expert in the field, even for well-meaning emergency department physicians. By the way, the emergency department physicians are very thankful for the program."

Jumper, an internal medicine specialist, has been a member of the Texas Medical Association (TMA) for 38 years, including five on the TMA Board of Trustees where she currently serves as vice chair. Even with all her knowledge, expertise and training, Jumper said she is not comfortable treating a psychiatric patient in full crisis using some anti-psychotic medications.

"Can I sedate?" Jumper asked hypothetically. "Can I give them medications against their will? These new anti-psychotic medicines are very technical, and I'm personally not comfortable with it. Well, neither are most of these emergency room providers. Some of them are nurse practitioners. Some are physician assistants, some are family medicine physicians and some are true emergency room providers. But in these small towns, they don't see it enough to be an expert in that area. So TTUHSC provides that expertise."

On the first day the hospital launched the program, they had their first patient.

"We all wondered how long it would take," Scoggin said. "The first day that we launched this pilot was when we had our first patient. That made a difference. It was a pediatric patient who had been to the emergency department several times before, and the process that we put in place with the pilot worked perfectly and the patient was treated and sent home. As they were leaving, the patient's dad said he was thankful because they had been here several times before with the same issue but no treatment. They received the care they needed and went home."

Jumper noted that the psychiatrist who treated that first adolescent patient is board certified in adult and adolescent psychiatry. They were able to work with the father of the patient, make a plan and get the plan transmitted to someone who could follow up locally.

About half of the patients seen through the Telepsychiatry Initiative do not end up with inpatient care. They are able to go home and be treated as an outpatient, which frees up beds and staff. Now, with telepsychiatry, they have access to a psychiatrist, who after they consult with the emergency department physicians, provides a diagnosis and makes medication recommendations they can start immediately, which is crucial for some patients.

Before the Telepsychiatry Initiative launched, patients who were experiencing an acute psychotic event would typically be uncontrollable. They would become violent and lash out at the nurses and staff. Many of them didn't know what they were doing. After the episode, they would ask what happened and why they'd behave like that because they wouldn't have otherwise.

On the hospital end, a single acute psych patient in the emergency department could take up half of the staff's resources.

"It's a double-edged sword with mental health patients," Griffis said. "It's difficult for a registered nurse, staff or physicians in an emergency room to take care of patients having an acute psychotic event. We care about the patients and want to take care of them, but on the other hand, we have to stay safe.

"If we can stop the psychosis with treatment by the psychiatrist and get the patients the right medications and doses, we can stop some of that violence. We love this program for two reasons: One, it keeps our emergency department staff safer, and two, it helps the patients."

Although TORCH has 157 member hospitals under the umbrella of their professional agency, some of those are connected to large health care systems and have access to psychiatrists.

Currently, TTUHSC is working with about 15–20 hospitals and Jumper said they hope to increase that. TTUHSC developed and built a scheduling and telehealth platform.

"We developed and built a scheduling and telehealth platform," Jumper added. "Our primary job at TTUHSC is to look for gaps in care, especially in rural hospitals and to provide solutions and work with other people. Collaboratively, we, as Texas Tech University Health Sciences Center, can't come in and fix all the problems, but we can work collaboratively with whatever resources are in those rural areas. Then we can come in and be part of the solution."

Scoggin said he would encourage his counterparts in health care and other leaders in rural communities to look at behavioral health.

"Behavioral health is an issue," he said. "It is an epidemic in rural areas across Texas and the United States. This program has made a huge difference, not only addressing the behavioral needs of our community, but also workplace violence and the stress of our employees, our team members, our doctors and everyone involved in northeast Texas."

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